

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011230

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1863

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY, MISSOURI

Length of stay in 1b
40 years
- 9 Days

c. FULL NAME OF (If NOT in hospital, give location)

VA HOSPITAL, KC, MO.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY

KANSAS CITY, MO.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1405-1/2 Main St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

TURNER

Middle

M.

Last

O'BRYAN

4. DATE
OF DEATH

Month April

Day 1

Year 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/17/92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic foreman, Ford

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Versailles, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William P. O'Bryan

13b. MOTHER'S MAIDEN NAME

Sarah E. Turnin

14. NAME OF HUSBAND OR WIFE

Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

Yes

WWT

16. SOCIAL SECURITY NO.

17. INFORMANT

Ralph M. O'Bryan, 4315 Roanoke Pkwy

VA Hospital Official Records, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

DUE TO (b)

Recent myocardial infarct, septal

DUE TO (c)

Occlusive coronary scerlosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Bronchopneumonia, right

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 23, 1962 to April 1, 1962

Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

S. H. CHOY, M.D.

VA Hospital, Kansas City, Mo.

4-2-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Apr. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

4-3-62

26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. Newcomer's Sons, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold P. Reich

Licensed Embalmer No.

4998

P. O. Address

K. E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.